

**INITIAL DEVELOPMENT OF A CULTURAL VALUES AND
BELIEFS SCALE AMONG DAKOTA/NAKOTA/LAKOTA PEOPLE:
A PILOT STUDY**

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Abstract: This study was the initial phase in the development of a mental health assessment tool. The Native American Cultural Values and Beliefs Scale is a 12-item instrument that assesses three dimensions of American Indian/Alaska Native values and beliefs: 1) the importance, 2) the frequency of practicing, and 3) the amount of distress caused by not practicing traditional values and beliefs. The initial project was targeted to Dakota/Nakota/Lakota people, though future scale development is intended to establish sufficient generality across several groups of American Indian and Alaska Native persons. The survey was administered to 37 Dakota/Nakota/Lakota adults. The results indicated high internal consistency with Cronbach's alphas of .897 for importance and .917 for practice.

In comparison to non-Indian populations, there is a relatively small amount of literature that deals with American Indian and Alaska Native mental health needs and issues. More research is now being done concerning factors that may contribute to high levels of physiological and psychological difficulties in these populations. These difficulties have led to reported prevalence rates for some conditions (such as diabetes, depression, substance abuse, and suicide) that are two, three, even ten times higher than the rates among non-Indians (Beals et al., 1997; Fleming, 1992; French, 2000; Gray & Nye, 2001; May et al., 2002; Brave Heart & DeBruyn, 1998).

Historical Factors That Affect the Mental Health of American Indians and Alaska Natives

The United States has a long history of policies that led to termination and assimilation of American Indians and Alaska Natives (Brown, 1991; Garrett & Pichette, 2000). Between 1880 and 1930, "Assimilation and Allotment" was the basic philosophy of the American government regarding Indian relations. The goal of this policy was to assimilate American Indians into the mainstream of American life by changing their customs, values, beliefs, dress, occupations, languages, religions, and philosophies (BigFoot, 2000). Relocation occurred during the period between 1950 and 1968. Indigenous people were severed from their cultures and their families. Elevated rates of homelessness, substance dependence, and violence among these populations, are examples of the results of relocation (BigFoot, 2000; Chadwick & Stauss, 1975). In 1953, Congress passed House Concurrent Resolution 108 with the intention to finally solve "the Indian problem." Their intention was to make the Native people just like "other citizens." Due to U.S. policy, more than 200 tribes were terminated, meaning that members of those tribes no longer had status as American Indians (BigFoot, 2000; Brave Heart et al., 1998).

The underlying questions asked in this paper are: How are these events tied to, and what factors are related to, current mental and physical health problems of Native people (Duclos et al., 1998; Manson, Ackerson, Dick, Barón, & Fleming, 1990; Manson, Shore, & Bloom, 1985; Novins, Beals, Roberts, & Manson, 1999)? For example, depression alone has been estimated at 58.1% (Manson et al., 1990). Attempted suicide among American Indians and Alaska Natives has been reported to be between 13% and 23% (Novins et al., 1999). Research findings have shown that since World War II, diabetes has become epidemic (Hill, 1997). Finally, some research has reported that in some American Indian/Alaska Native samples, 49% had at least one alcohol, drug, or mental health disorder; 12.7% had two disorders; and 8.7% had three or more disorders (Duclos et al., 1998).

Research and Mental Health Services Among American Indian/Alaska Native Populations

According to Trimble (1987), the provision of mental health services to American Indian/Alaska Natives gradually changed from the 1920s through the 1960s, progressing from virtually nothing to an

anthropological approach that examined constructs of ethnic identity. In addition, other sources in the literature also note the disparities in services rendered to American Indian/Alaska Natives (Aboud & Christain, 1979; Boggs, 1956, 1958; Deloria, 1969; Haught, 1934; LaFromboise, 1988; Landes, 1938; Phinney & Rotheram, 1987; Saindon, 1933; Splindler, 1958; Splindler & Splinder, 1958; Brave Heart & DeBruyn, 1998).

During the early 1960s, the relationship among mental health, negative stereotyping, and psychosocial factors (e.g., drunkenness, laziness, immorality, abusiveness, etc.) among indigenous people was first studied (Trimble, 1987). The 1960s also brought about the use of paper-and-pencil personality and self-report measures as tools to assess American Indian and Alaska Native personality and mental health (Gough, 1948; Hathaway & McKinley, 1940; Trimble, 1987). However, many of the results obtained with Western psychological test instruments have either over-pathologized or under-pathologized American Indians and Alaska Natives; some researchers question the validity of utilizing such instruments within this population (LaFromboise, 1988; Manson, 2000; Trimble, 1987).

During the 1970s, there was an explosion in American Indian federal policy reform reestablishing individual and tribal rights that were outlawed between 1880 and 1978 (BigFoot, 2000; Calloway, 1999). During this period Native activism also emerged, reestablishing traditional customs, ceremonies, values, and beliefs for the purposes of healing and wellness.

Research concerning American Indian personality increased during the 1970s and early 1980s (Trimble, 1987). Studies began to surface examining the role of culture, values, and ethnic identity in American Indian and Alaska Native wellness, with some researchers pointing out the failure of previous research and services to Native people (Dinges, Trimble, Manson, & Pasquale, 1981; Jilek, 1981; LaFromboise, 1988; LaFromboise & Rowe, 1983; Red Horse, 1980). By the mid 1980s, researchers began to examine the reliability and validity of treatment methodologies used among American Indian and Alaska Native populations. In a study of Hopi people examining the effectiveness of diagnostic instruments for depression, Manson et al. (1985) reported that "psychiatry has failed to consider the cultural dimension of illness: how it is conceptualized, experienced, manifested, explained, and treated."

Towards the end of the 1980s, research literature began to emerge addressing Native peoples' well-being and possible causes for unwellness (LaFromboise, 1988; Lafromboise & BigFoot, 1988). LaFromboise (1988) wrote that Native peoples have unique views of

what constitutes “mental illness, personality and the self.” LaFromboise emphasized that these views are focused not on the traditional Western theoretical mind-body concept, but on the presence of a more traditional Native holistic value and belief system.

By the 1990s, researchers began to explore the significance of American Indian and Alaska Native mental health and its relationship to worldview, level of acculturation, identity, self-esteem, self-efficacy, and behavior (Dana, 1993; Duran & Duran, 1995; LaFromboise, Coleman, & Gerton, 1993; Pittenger, 1998). One study examining both American and Canadian Native peoples concluded that maintenance of traditional beliefs and rules of behavior has had in the past, and will continue to have, considerable consequence for Native mental health (Brant, 1990).

Native scholars and researchers (Duran & Duran, 1995; French, 2000; Garrett, 1999; LaFromboise & Rowe, 1983; Locust, 1988; Manson, 2000) advocate that American Indian and Alaska Native values and beliefs are essential to the wellness of these groups. In sum, the literature suggests that health service professionals develop services that take into account the ways that indigenous people themselves construct their health and illness (Dinges, Atlis, Locust, 1988; Manson, 2000, & Ragan, 2000; Manson, 2000; Manson et al, 1985; Tolman & Reedy, 1998). For example, the Na’Nizhoozhi Center Inc. (NCI), a substance abuse inpatient/outpatient facility in Gallup, New Mexico specific to American Indians, utilizes both Western and traditional Native values and belief systems in therapy. The NCI is an isolated example of American Indian/Alaska Native addictions treatment that is conducted utilizing Native spirituality, customs, values, and beliefs. According to Manson (2000), from 1980 to 1995, over 2000 journal articles and book chapters were published on the mental health of American Indians and Alaska Natives. Manson discussed the lack of culturally sensitive assessment instruments and appealed to the scientific community for a more culturally sensitive approach to American Indian and Alaska Native mental health.

Recently, researchers (Whitbeck, McMorris, Hoyt, Stubben, & LaFromboise, 2002) examined 287 Native adults from the upper Midwest for factors relating to wellness. The results indicated that discrimination was strongly associated with depressive symptoms, but those who engaged in traditional practices such as going to powwows, speaking their Native language, and engaging in other traditional behaviors were less likely to have symptoms of depression. The evidence seems to be growing to support the idea that traditional American Indian and Alaska Native values and beliefs have an innate and interwoven relationship to the wellness of these populations. The efficacy of

utilizing traditional practices in treatment for Native people has been empirically documented. For example, Tolman and Reedy (1998) found that increased utilization of ceremonies in treatment enhanced patient and tribal satisfaction, improved health care outcomes, and reduced length of stay. Also, Brave Heart (1999) examined the relationship of traditional Lakota mores to behaviors that place children at risk for alcohol and other substance abuse. The author concluded that in order for Native peoples to reestablish wellness, a re-attachment to traditional values is imperative.

The State of South Dakota's Department of Human Services, Division of Alcohol and Drug Abuse (2002) conducted a statewide survey among state-affiliated rehabilitation centers examining the prevalence of substance abuse among American Indians in South Dakota. With relation to Lakota, Dakota, Nakota people, the survey stated, "Individuals more oriented to their Native American culture drank less heavily and were less likely to use illicit substances or multiple substances." The survey went on to say, "Native American adults who were oriented primarily toward traditional Native American culture had lower rates of treatment need compared with Native Americans who were bicultural in orientation, or were even less oriented to traditional Native American culture."

Previous literature suggests that, for American Indians and Alaska Natives, wellness is grounded in practices of spirituality, values, and beliefs (Bates, Beauvais, & Trimble, 1997; Deloria, 1969; Duran & Duran, 1995; French, 2000; Manson, 2000; Phinney & Rotheram, 1987). This study was an initial step in the development of a mental health tool that would be able to cross tribal differences and to be utilized in the mental health/addictions field. The instrument examines the relationship of distress with the stated importance of values and beliefs and the practice of those cultural norms.

There are over 500 federally recognized American Indian and Alaska Native tribes in the United States, with each having a variation of the aforementioned theoretical construct of what constitutes a culture (Dana, 1993). For this particular study, the Dakota/Nakota/Lakota (D/N/L) people were the first to participate in the survey development process. In developing the pilot version, important aspects of D/N/L culture were first identified; the next step was to determine whether believing that these cultural aspects were important – but not following or participating in them – caused distress. Thus, the following hypotheses were made: First, a D/N/L person who identifies values and beliefs as important and practices those norms will exhibit a significantly lower level of distress than a person who states that values and beliefs are important but does

not practice those norms. Second, a D/N/L person who identifies values and beliefs as not being important to them and who does not practice those cultural norms will have a significantly lower level of distress than a person who states that D/N/L values and beliefs are important but does not practice those norms.

Methods

Participants

There were 37 participants for this pilot study. The participants consisted of undergraduate, graduate, and former students from a small Midwestern university. All participants were self-identified as D/N/L American Indian.

Measures

Demographic Questionnaire

The Demographic Questionnaire consisted of 10 questions regarding demographic data including age, gender, education, and religious preference.

Native American Cultural Values and Beliefs Survey

Although the survey was pilot-tested among D/N/L people, it is ultimately intended for use across American Indian/Alaska Native groups; therefore, it is entitled the Native American Cultural Values and Beliefs Survey (NACVBS). The NACVBS is a self-administered survey. The survey is based on Dana's (1993) model in which group identity, individual identity, language, values, and beliefs constitute a group or culture. The survey consists of 12 item domains that assess three dimensions of D/N/L values and beliefs: 1) the importance of D/N/L values and beliefs; 2) if important, whether the individual is practicing those values and beliefs; and 3) if important, and if the individual is not practicing those values and beliefs, the amount of distress this discrepancy may cause the individual. For purposes of this study, distress refers to a level of psychological suffering, anxiety, strain, or anguish related to the importance and practicing of traditional values and beliefs by the respondents. The items for this survey were created and questions were identified through personal interviews of elders, cultural advisors, and knowledgeable individuals, as

well as interpretation of philosophical and spiritual material concerning American Indians and Alaska Natives (emphasizing D/N/L people).

The NACVBS was constructed through the process as follows:

1) Examination of the literature to explore possible reasons for mental health issues among American Indians and Alaska Natives (Dana, 1993; Duran & Duran, 1995; French, 2000; LaFromboise, 1988; Lafromboise & BigFoot, 1988; Locust, 1988; Manson, 2000; Phinney & Rotheram, 1987; Red Horse, 1980); 2) Consultations with mental health professionals concerning the use of existing assessment instruments in diagnosis and treatment of American Indians; 3) Consultations with local Native elders, cultural advisors, and healers with regard to what they felt were essential norms for a positive lifestyle among American Indians and Alaska Natives (South Dakota Training Topics for D/N/L Substance Abuse Programs, 2002; Stolzman, 1995); 4) Development of an initial set of D/N/L values and beliefs; 5) Development of the NACVBS; and 6) Solicitation of additional feed back by presentation of the NACVBS to the 6th Annual Indian Health Service Research Conference, the Annual South Dakota Counselors Conference, and Sinte Gleska University's Human Services Department faculty and students.

The sets of questions are arranged in groups of three. The first question of the set asks about the importance to the individual of specific D/N/L values and beliefs. The response options are on a five-point Likert scale ranging from 1 (*Not Important At All*) to 5 (*Very Important*). The second question of each set asks about the level of participation/belief in D/N/L values. The response options given are on a five-point Likert scale ranging from 1 (*Not At All*) to 5 (*All the Time*). The final question of each set asks whether the individual experiences any distress based on his/her lack of participation in self-professed important D/N/L values and beliefs. According to the instructions, distress would be attributed to the answers to the first two questions. The response options are on a five-point Likert scale ranging from 1 (*Not At All*) to 5 (*A Lot*). Answers from each item within the set are summed together to achieve a total score (see Appendix A).

Procedure

Participation in the study was solicited via the Native American Student Cultural Center and the Native American Student Council. Participants included current and former D/N/L university students. An incentive for participation was offered: Upon completion of the administration phase a drawing was held, and a \$75.00 first-place, a

\$50.00 second-place, and a \$25.00 third-place prize were given. Each survey took about 15 minutes to complete. The primary investigator was present at all times.

Results

The survey examined the relationship between the importance of traditional values and beliefs, the practice of those values and beliefs, and distress caused by not practicing those values and beliefs.

An analysis of the demographic variables indicated there were thirty-seven total participants ($N = 37$) who completed the survey. More females ($n = 27$; 73%) than males ($n = 10$; 27%) completed the survey. Slightly more participants were born on a reservation ($n = 19$; 51.4%) than born off a reservation ($n = 18$; 48.6%). More of the participants were raised in a culturally nontraditional environment ($n = 22$; 59.5%) than were raised in a traditional setting ($n = 15$; 40.5%).

In this sample, six of the participants (16.2%) belonged to the Native American Church. Slightly more than half ($n = 20$; 54.1%) reported practicing traditional tribal spirituality, one (2.7%) belonged to the Protestant faith, nine (24.3%) to the Catholic faith, and just under one-third ($n = 11$; 29.7%) of the participants acknowledged membership in some "other" spiritual affiliation. Of those eight who reported more than one religious/spiritual affiliation, half ($n = 4$; 10.8%) acknowledged the Native American Church and traditional tribal spirituality. Two (0.05%) reported practicing traditional tribal spirituality and being Catholic. One (0.03%) reported practicing traditional tribal spirituality and being Protestant, and one (0.03%) reported attending the Native American Church and the Catholic Church.

The majority of the participants had two American Indian parents ($n = 28$; 75.7%), while respondents with one parent Native and one non-Native parent were substantially fewer ($n = 9$; 24.3%). The majority of participants reported very limited Native language abilities ($n = 26$; 70.3%). Some participants reported having "understanding only" abilities ($n = 4$; 10.8), while an equal amount described themselves as fluent speakers ($n = 4$; 10.8). Those who could speak and understand at the conversational level only ($n = 3$; 8.1%) made up the smallest group.

The ages of the group ranged from 19 years to 58 years, with the average being 34.51 years ($SD = 12.58$). The average years of education was 14.78 ($SD = 2.32$). Finally, the average score for the importance of D/N/L values and beliefs was 53.16 ($SD = 6.70$), and the average score for the practicing of values and beliefs was 43.65 ($SD = 9.96$).

In a post hoc analysis of importance and practice variables, first, the results revealed no significant difference between gender and importance of D/N/L values and beliefs ($F = 1.739$, $df = 1/35$, $p > .05$). Second, the results revealed no significant difference between place of birth (reservation vs. non-reservation) and importance of D/N/L values and beliefs ($F = .769$, $df = 1/35$, $p > .05$). Third, the results indicated no significant difference between environmental factors (traditional vs. nontraditional) and importance of D/N/L values and beliefs ($F = 2.10$, $df = 1/35$, $p > .05$). Finally, the results revealed no significant differences in proficiency in D/N/L language and importance of D/N/L values and beliefs ($F = 1.13$, $df = 1/35$, $p > .05$).

The results revealed a significant difference between the race/ethnicity of the parents (both Native vs. one Native parent) and importance of D/N/L values and beliefs ($F = 6.48$, $df = 1/35$, $p = .015$). A follow-up test consisting of an independent samples t test revealed that participants whose parents are both American Indian ($M = 54.64$, $SD = 5.88$) rated importance of D/N/L values and beliefs significantly higher than those participants who had only one American Indian parent ($M = 48.56$, $SD = 7.33$; $t(35) = 2.55$, $p = .015$). The results indicate that those individuals who were born/raised by two American Indian parents found D/N/L values and beliefs more important than those who only had one American Indian parent.

When the effects of gender, place of birth, developmental environment, and race of parents on the practice of D/N/L values and beliefs were assessed, first, the results revealed no significant difference between gender and the practice of D/N/L values and beliefs ($F = .121$, $df = 1/35$, $p > .05$). Second, the results revealed no significant difference between place of birth (reservation vs. non-reservation) and the practice of D/N/L values and beliefs ($F = 1.32$, $df = 1/35$, $p > .05$). Third, the results indicated a significant difference between environmental factors (traditional vs. nontraditional) and the practice of D/N/L values and beliefs ($F = 14.37$, $df = 1/35$, $p = .001$). An independent samples t -test revealed that those participants who were raised in traditional ways ($M = 50.06$, $SD = 8.59$) practiced traditional values and beliefs more than those raised nontraditionally ($M = 39.27$, $SD = 8.45$; $t(35) = 3.79$, $p = .001$). The results of the analysis indicated that for practice of D/N/L values and beliefs, there were no significant differences for both parents being Native vs. only one parent being Native ($F = 2.72$, $df = 1/35$, $p > .05$). Finally, the analysis revealed a significant difference in the proficiency of D/N/L language and practice of D/N/L values and beliefs ($F = 6.64$, $df = 3/33$, $p = .001$).

Regression analysis revealed no significance of level of education in relationship to the importance of D/N/L values and beliefs [$F(1, 35) = .004, p > .05$], and the analysis also revealed no significance of level of education in relationship to the practice of D/N/L values and beliefs [$F(1, 35) = .029, p > .05$]. Regression analysis revealed no significance of age in relationship to the importance of D/N/L values and beliefs [$F(1, 35) = .006, p > .05$]. Also, the analysis revealed no significance of age in relationship to the practice of D/N/L values and beliefs [$F(1, 35) = .057, p > .05$].

Because there were no other pre-existing mental health instruments specific to American Indians and Alaska Natives in this particular domain, in this study the investigator was interested in the internal and face value reliability/consistency of the questions asked (as it is premature to explore test-retest, alternate form reliability, and inter-rater or inter-observer reliability). A post hoc Cronbach's alpha analysis for inter-item reliabilities was conducted on the Importance and Practice variables. Cronbach's alphas were found to be acceptable for Importance ($\alpha = .897, M = 53.16, SD = 6.698$). In addition, Cronbach's alpha was found to be acceptable for Practice ($\alpha = .917, M = 43.65, SD = 9.959$).

Discussion

The primary purpose of this pilot study was to examine cultural values and beliefs, with the eventual goal of producing a mental health instrument that could be utilized by service providers working in American Indian and Alaska Native communities. Specifically, such a measure may be useful in the treatment conceptualization process for Native people. For example, if the results of a series of future studies indicated mental, physical, or addiction problems were related to the practice of D/N/L values and beliefs (or lack thereof), treatment for the individual could include or increase participation in tribal ceremonies. This project was conducted in response to the literature calling for mental health instruments and services, which could aid in the diagnosis and treatment of Native people (LaFromboise, 1988; Manson, 2000).

Research has supported the idea that the practice of American Indian and Alaska Native values and beliefs is an important factor for the well-being of Native people (Bates et al., 1997; Dana, 1993; Deloria, 1969; Duran & Duran, 1995; French, 2000; Locust, 1988; Manson, 2000; Phinney & Rotheram, 1987; Tolman & Reedy, 1998; Whitbeck et al, 2002). To date, the literature does not provide any evidence of a mental health instrument that examines the relationship of distress with the practice

of American Indian and Alaska Native values and beliefs system. Thus, the present research to determine important dimensions of D/N/Lakota culture began. The next step was to determine if the elements of the D/N/L culture utilized in the NACVBS were important to D/N/L people, by testing the NACVBS with them to learn whether the content in the items identified had internal consistency and face value reliability.

The first hypothesis simply stated that a D/N/L person who found D/N/L values and beliefs important and who practiced those values and beliefs would be less distressed than a D/N/L person who reported they found D/N/L values and beliefs important but did not practice those values and beliefs. The second hypothesis stated that a D/N/L person who did not find D/N/L values and beliefs as important and who did not practice those values and beliefs would be less distressed than a D/N/L individual who found D/N/L values and beliefs important but who did not practice those self-identified values and beliefs. Each part of the instrument (importance, practice, and distress) was set on a five-point Likert scale, and each part had a threshold level score that indicated whether a participant found overall values or beliefs important or not important (36), practiced or not practiced (24), and, based on the scores from the first two responses, what level of distress the participant experienced. Based on the results, both hypotheses could not be tested. It was suggested that the problem was due to the responses by a majority of the participants.

A possible explanation for the manner in which the participants responded was that the instructions to the instrument seemed confusing. For example, the investigator instructed participants to read the instructions and complete the survey. Participants read the following instructions: "Read each question carefully and circle the response that best illustrates how you feel about the question asked. There are two exceptions. If an item is important to you and you score 3 or above, complete the second part (B) of the question. If you regularly attend or put forth effort to participate or practice that item and score a 3 or above, then do not complete the third (C) part of the question. If a Dakota/Nakota/Lakota value or belief is not important to you and you score below a 3, answer the second part (B) but do not answer the third (C) part of the question." After completion of the survey, several participants reported that they could not understand the instructions. Administration of the NACVBS revealed that participants experienced some confusion about how they should respond to the items, and that the directions for the next administration, of the instrument should be more clearly stated.

Another possible explanation for the inconsistency of participant responses was that, for some participants, their personal level of commitment to the importance and practice of D/N/L values and beliefs, and how it affected their feelings of distress, differed from the criteria set in the instructions. The investigator asked for input from each participant concerning format and content of the questions. Almost all participants felt that the format was good, and the content of the questions represented what is important to D/N/L culture. However, the participants did note that the instructions were confusing. Therefore, even though the main two hypotheses could not be analyzed, further analyses of factors related to the NACVBS were conducted.

The initial analysis consisted of examining whether or not there were any differences in importance or practice of values and beliefs related to gender, being raised on or off a reservation, being raised in a traditional or nontraditional environment, speaking and understanding D/N/L language, and having one or both parents of American Indian ethnic background. Importance of values and beliefs was found to be higher when both parents were Native. One possible explanation is that having two American Indian parents increases the likelihood of exposure to traditional D/N/L values and beliefs, thereby establishing a psychosocial equilibrium that securely anchors the individual in his/her culture (Erikson, 1963). Further examination of the other factors (gender, raised on a reservation vs. non-reservation, traditional vs. nontraditional, and speaking and understanding D/N/L language), did not show any significant differences for importance. Finally, neither age nor years of education accounted for a significant difference for the importance or the practice of D/N/L values and beliefs.

The results suggest that D/N/L values and beliefs have the same degree of importance regardless of age, gender, environmental factors, and education. The literature seems to support the findings from this study that, for American Indians and Alaska Natives, values and beliefs are central to wellness (Garrett, 1999; Neihardt, 2000). This assumption is based on the results from questions one and two plus the conversations with the participants during debriefing. These findings tended to support other research suggesting that wellness, for these populations, rests in the group's cultural commitment (LaFromboise & BigFoot, 1988).

One possible explanation for the results is that the respondents in the sample may be more bicultural in orientation. Some respondents may have spent time on a reservation and currently live off a reservation, thereby having fewer difficulties with culture conflict between Western thought and their own Native worldview. According to research (Bryde,

1969; LaFromboise & Rowe, 1983), American Indians and Alaska Natives who learn traditional values, beliefs, and modes of behavior as a primary frame of reference, but can also meet the expectations and standards of the dominant culture; have fewer personal and social difficulties. These individuals are seen as highly resilient through a strong sense of themselves in their own or the mainstream culture (Garrett & Pichette, 2000). The data further suggest that, because traditional values and beliefs seem to be core elements, and because such individuals are grounded in them, there would not be differences seen between genders, those born on vs. off a reservation, or those raised traditionally vs. nontraditionally.

The results indicated there was no difference in the amount of practicing of D/N/L norms between those who were raised on vs. off a reservation. One possible explanation is that, due to the passage of federal legislation beginning in the 1970s that reinstated individual and religious freedoms, being raised on or off a reservation is not viewed as a marker of whether an individual practices traditional cultural and spiritual ceremonies (Duran & Duran, 1995; Brave Heart, 1998).

The results show a significant difference in language abilities and a significant difference in the practicing of traditional norms for individuals who were raised traditionally vs. nontraditionally. These findings are exciting because they also support the literature stating that, for the wellness of the individual and the community, traditional ceremonies need to be practiced (Bates et al., 1997; Dana, 1993; Duran & Duran, 1995; French, 2000; Manson, 2000; Tolman & Reedy, 1998).

Cronbach's alpha coefficient for the NACVBS's 12 importance items showed that the subscale had acceptable internal consistency ($\alpha = .897, M = 53.16, SD = 6.70$). A Cronbach's alpha coefficient for the NACVBS's 12 practice items revealed that the subscale had acceptable internal consistency ($\alpha = .917, M = 43.65, SD = 9.96$). Due to the confusion in the responses, an internal consistency Cronbach's alpha was not conducted on the distress questions. By established standards of reliability, the alpha coefficients for both importance and practice items were quite high. The alpha coefficients for the importance and practice factors indicate that the set of values and beliefs in the survey are consistent with each other and may be useful in the future development of this scale.

Limitations of the Study

First, readers must be cautioned that the NACVBS discussed here is a pilot version and should not be utilized for any diagnostic or

therapeutic purposes. Second, the sample size in this study was small ($N = 37$), which could account for the lack of significance in the analyses and can also produce a Type I error (Bordens & Abbott, 1999; Judd & McClellan, 2001). The results further suggest that the sample for this study was relatively homogeneous. Participants in this pilot study were recruited from the Native American Student Council, two Lakota cultural classes at the university, the Native American Student Council Annual Wacipi (Pow Wow), and the Building Bridges Conference. These particular events and organizations tend to bring in students and others who are normally seen as having an interest and/or investment in traditional ways. This could account for the high scores for the Importance and Practice items on the NACVBS. Further indications from the results could represent a sample bias due to the respondents being mostly in or from a university setting. In other words, the results could indicate a problem with generalizability for people with different educational backgrounds. In addition, the participants' ages ranged from 19 years to 58 years, which is a wide variance that could obscure possible generational differences.

As stated earlier, the survey instructions were challenging to many respondents. Another limitation could be the complicated and confusing manner in which certain questions were written. Still another important limitation is that, even though the D/N/L values and beliefs used in this study seemed to be valid ones, it is not known whether these are the only ones and/or if they are the most useful ones to use. Finally, the language used in the five levels of the Likert scale for the distress items might have also caused some difficulty for the participants. As the NACVBS is further developed, the first author and his colleagues continue to address the issue of ease of instructions, and strides have been made to make the NACVBS more understandable to respondents.

The primary purpose of this research was to conduct a pilot study looking at cultural values and beliefs that might be incorporated into a mental health instrument. According to Bordens and Abbott (1999), a pilot study is a crucial element of good study design. Pilot studies serve important functions and can provide valuable insight for researchers about procedures and materials to be used in larger studies. Pilot studies do not guarantee success, but they do increase the likelihood for future success of the larger project. Indeed, despite the limitations in the present study and the mixed results in some areas, the high alphas and overall pattern of results are certainly encouraging enough to prompt further work in developing the NACVBS.

As previously noted, the results of this pilot study suggest that the NACVBS is consistent with previous literature concerning the importance and practice of American Indian and Alaska Native values and belief systems. Further, the values and beliefs surveyed in this study were shown to be internally consistent.

The next step in the development process is to rewrite the directions and some items in the NACVBS. Focus groups could be conducted to restructure these elements. After restructuring, the instrument will be examined by D/N/L mental health professionals, Native scholars, and elders in different locations throughout South Dakota. For validation purposes, the NACVBS-R needs to be given multiple times to multiple sample populations of D/N/L people. Samples could be taken at the tribal colleges in South Dakota and Native populations within the corrections system. Samples could also be drawn from the substance rehabilitation facilities, both tribal and non-tribal, throughout South Dakota. Another possibility is to administer the NACVBS-R to D/N/L people at Urban Indian Health Service Clinics.

Finally, to examine convergent and divergent validity, the NACVBS-R should be administered with other, already-validated measures that examine levels of distress, ethnic identity, and/or quality of life. According to research (LaFromboise, 1988; Manson, 2000), it is imperative that mental health service providers develop and implement reliable measures and services that are specific to American Indians and Alaska Natives. The NACVBS is a tool that needs further development and testing for validity and reliability. Once revisions are made, the NACVBS-R must be evaluated by practicing therapists to assess its potential use as a therapeutic tool with American Indians and Alaska Natives who are in need of substance abuse and other mental health treatment programs. Readers can contact and request from the primary investigator (Rusty Reynolds) for the revised version of the NACVBS-R and again the pilot version should not be used for any diagnostic or therapeutic purposes.

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Appendix A

Native American Cultural Values and Beliefs Survey

Instructions: This instrument is comprised of 12 items. Each item has three parts. Try to answer all questions. The first part asks how important, to you, a Dakota/Nakota/Lakota value or belief. The second part asks about your participation in the important value and/or belief. The third part asks whether or not you might be experiencing distress due to the responses. Read each question carefully and circle the response that best illustrates how you feel about the question asked. There are two exceptions. If an item is important to you and you score 3 or above, complete the second part (B) of the question. If you regularly attend or put forth effort to participate or practice that item and score a 3 or above, then do not complete the third (C) part of the question. If a Dakota/Nakota/Lakota value or belief is **not** important to you and you score below a 3, answer the second part (B) but do not answer the third (C) part of the question.

1. A. How important to you is being either a Dakota/Nakota or Lakota?

1	2	3	4	5
not important at all	not too impor- tant	neutral	pretty impor- tant	very impor- tant

 B. How much do you practice Dakota/Nakota/Lakota ways?

1	2	3	4	5
not at all	not very much	sometimes	most of the time	all the time

 C. If being Dakota/Nakota/Lakota is important to you and you do not show and tell others, how much distress does this cause you?

1	2	3	4	5
not at all	somewhat	neutral	quite a bit	a lot

2. A. How important to you is personal knowledge of your tribal heritage/s?

1	2	3	4	5
not important at all	not too impor- tant	neutral	pretty impor- tant	very impor- tant

 B. Are you making, or have you made the effort to learn about your tribal heritage/s?

1	2	3	4	5
not at all	not very much	sometimes	most of the time	all the time

 C. If you are not learning more about your tribal heritage/s, how much distress does this cause you?

1	2	3	4	5
not at all	somewhat	neutral	quite a bit	a lot

3. A. How important to you is being a member of a Dakota/Nakota/Lakota community?

1	2	3	4	5
not important at all	not too important	neutral	pretty impor- tant	very impor- tant

 B. How often do you participate in Dakota/Nakota/Lakota community events?

1	2	3	4	5
not at all	not very much	sometimes	most of the time	all the time

C.	If you are not involved with a Dakota/Nakota/Lakota community, how much distress does this cause you?				
	1	2	3	4	5
	not at all	somewhat	neutral	quite a bit	a lot

4.	A.	How important to you is your Dakota/Nakota/Lakota family and extended family?				
		1	2	3	4	5
		not important at all	not too important	neutral	pretty important	very important
	B.	How much are you involved with your Dakota/Nakota/Lakota family and extended family?				
		1	2	3	4	5
		not at all	not very much	sometimes	most of the time	all the time
	C.	If you are not involved with your Dakota/Nakota/Lakota family and extended family, how much distress does this cause you?				
		1	2	3	4	5
		not at all	somewhat	neutral	quite a bit	a lot

5.	A.	How important to you is it to hear your tribal language?				
		1	2	3	4	5
		not important at all	not too important	neutral	pretty important	very important
	B.	How often are you involved with activities where your tribal language is used?				
		1	2	3	4	5
		not at all	not very much	sometimes	most of the time	all the time
	C.	If you are not around your tribal language, how much distress does this cause you?				
		1	2	3	4	5
		not at all	somewhat	neutral	quite a bit	a lot

6.	A.	How important to you is it to understand your tribal language?				
		1	2	3	4	5
		not important at all	not too important	neutral	pretty important	very important
	B.	Are you currently trying to improve your understanding of your tribal language?				
		1	2	3	4	5
		not at all	not very much	sometimes	most of the time	all the time
	C.	If you are not currently trying to improve your skills of understanding, how much distress does this cause you?				
		1	2	3	4	5
		not at all	somewhat	neutral	quite a bit	a lot

-
7. A. How important to you is it to speak your tribal language?
- | | | | | |
|-------------------------|------------------------|---------|-----------------------|---------------------|
| 1 | 2 | 3 | 4 | 5 |
| not important
at all | not too impor-
tant | neutral | pretty impor-
tant | very impor-
tant |
- B. Do you speak or are you trying to learn to speak your tribal language?
- | | | | | |
|------------|---------------|-----------|---------------------|--------------|
| 1 | 2 | 3 | 4 | 5 |
| not at all | not very much | sometimes | most of the
time | all the time |
- C. If you do not speak or are not attempting to be more skillful in speaking your tribal language, how much distress does this cause you?
- | | | | | |
|------------|----------|---------|-------------|-------|
| 1 | 2 | 3 | 4 | 5 |
| not at all | somewhat | neutral | quite a bit | a lot |
-
8. A. How important to you would it be to attend a Wacipi (Pow Wow)?
- | | | | | |
|-------------------------|------------------------|---------|-----------------------|---------------------|
| 1 | 2 | 3 | 4 | 5 |
| not important
at all | not too impor-
tant | neutral | pretty impor-
tant | very impor-
tant |
- B. How often do you attend Wacipis (Pow Wows)?
- | | | | | |
|------------|---------------|-----------|---------------------|--------------|
| 1 | 2 | 3 | 4 | 5 |
| not at all | not very much | sometimes | most of the
time | all the time |
- C. If you do not attend Wacipis (Pow Wows), how much distress does this cause you?
- | | | | | |
|------------|----------|---------|-------------|-------|
| 1 | 2 | 3 | 4 | 5 |
| not at all | somewhat | neutral | quite a bit | a lot |
-
9. A. How important to you is the ceremonial use of sacred herbs (i.e., sage, tobacco, cedar, and sweet grass)?
- | | | | | |
|-------------------------|------------------------|---------|-----------------------|---------------------|
| 1 | 2 | 3 | 4 | 5 |
| not important
at all | not too impor-
tant | neutral | pretty impor-
tant | very impor-
tant |
- B. How often do you use sacred herbs (i.e., sage, tobacco, cedar, and sweet grass)?
- | | | | | |
|------------|---------------|-----------|---------------------|--------------|
| 1 | 2 | 3 | 4 | 5 |
| not at all | not very much | sometimes | most of the
time | all the time |
- C. If you are not using sacred herbs (i.e., sage, tobacco, cedar, and sweet grass), how much distress does this cause you?
- | | | | | |
|------------|----------|---------|-------------|-------|
| 1 | 2 | 3 | 4 | 5 |
| not at all | somewhat | neutral | quite a bit | a lot |
-
10. A. If you are not using sacred herbs (i.e., sage, tobacco, cedar, and sweet grass), how much distress does this cause you?
- | | | | | |
|-------------------------|------------------------|---------|-----------------------|---------------------|
| 1 | 2 | 3 | 4 | 5 |
| not important
at all | not too impor-
tant | neutral | pretty impor-
tant | very impor-
tant |

B. How often do you utilize a medicine person or traditional healer for counsel or healing?

1	2	3	4	5
not at all	not very much	sometimes	most of the time	all the time

C. If you have not utilized a medicine person or traditional healer for counsel or healing, how much distress does this cause you?

1	2	3	4	5
not at all	somewhat	neutral	quite a bit	a lot

11. A. How important to you is traditional Dakota/Nakota/Lakota spirituality?

1	2	3	4	5
not important at all	not too important	neutral	pretty important	very important

B. How often do you practice Dakota/Nakota/Lakota spirituality?

1	2	3	4	5
not at all	not very much	sometimes	most of the time	all the time

C. If you do not actively practice Dakota/Nakota/Lakota spirituality, how much distress does this cause you?

1	2	3	4	5
not at all	somewhat	neutral	quite a bit	a lot

12. A. How important to you is participation in spiritual ceremonies such as purification (Sweat) lodge, vision quest, or Sundance?

1	2	3	4	5
not important at all	not too important	neutral	pretty important	very important

B. How often do you participate in spiritual ceremonies such as purification (sweat) lodge, vision quest, or Sundance?

1	2	3	4	5
not at all	not very much	sometimes	most of the time	all the time

C. If you have not been active in spiritual ceremonies, how much distress does this cause you?

1	2	3	4	5
not at all	somewhat	neutral	quite a bit	a lot

THANK YOU FOR COMPLETING THIS SURVEY
